

**Schools and Libraries Universal Service
Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

(Create your own code to identify THIS Form 471)

WLS72004

Form 471 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)1 Name of Billed Entity **WASHINGTON LOCAL SCHOOL DISTRICT**2 Funding Year: July 1, **2004**, through June 30, **2005** 3 Entity Number **129311**4 a Street Address, **3505 W. LINCOLNSHIRE BLVD.**
P.O. Box,
or Route NumberCity **TOLEDO**State **OH** Zip Code **43606-1231**b Telephone Number **419/473-8228** Extc Fax Number **419/473-8247**

E-mail Address

d **dbringma@washloc.k12.oh.us**

- 5 Type of Application
- ☒ School (public or non-public school)
- ☒ School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
- ☐ Library (library (i.e. outlet/branch, system))
- ☐ Consortium Check here if any members of this consortium are ineligible non-governmental entities.

6 a Contact Person's Name **DAVE BRINGMAN**First, fill in every item of the Contact Person's information below that is different from Item 4, above.
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)b Street Address, **3505 W. LINCOLNSHIRE BLVD.**
P.O. Box,
or Route NumberCity **TOLEDO**State **OH** Zip Code **43606-1231**c Telephone Number **419/473-8228** Extd Fax **419/473-8247**

E-mail Address

✓ e **dbringma@washloc.k12.oh.us**f Holiday/vacation/summer
contact information:

Entity Number 129311 Applicant's Form Identifier WLS72004
 Contact Person Dave Bringman Phone Number 419/473-8228

Block 2: Minor Modification to Existing Contract?

- 7 Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471
Application #:

6786

Funding
Request
Number

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students
to be served

b Number of library
patrons to be served

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	447	447
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	13	13
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	T-1	T-1
d	Dial-up Internet connections: How many before and after your order?	8	8
e	Dial-up Internet connections: Highest speed before and after your order?	56	56
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T-1	T-1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	2	2
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	13	13
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	139	139
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



Entity Number <u>129311</u> Contact Person <u>Dave Bringman</u>	Applicant's Form Identifier <u>WLS72004</u> Phone Number <u>419/473-8228</u>
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Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1
Page 1 of 2

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: WASHINGTON LOCAL SCHOOL DISTRICT School District Entity Number: 129311

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Whitmer High School	041046	U	2110	169	.080094787	40%	844
Jackman Elementary	018127	U	376	115	.305851064	50%	188
Washington Jr. High School	039438	U	604	107	.177152318	40%	241.6
Greenwood Elementary	027946	U	462	151	.326839827	50%	231
Hiawatha Elementary	016006	U	273	57	.208791209	40%	109.2
Jefferson Jr. High School	017558	U	562	108	.192170819	40%	224.8
McGregor Elementary	023549	U	290	57	.196551724	40%	116
Meadowvale Elementary	024000	U	480	112	.233333333	50%	240
Monac Elementary	025189	U	453	108	.238410596	50%	226.5
Totals for calculating Weighted Average Discount							2421.1

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) ➔



Entity Number

129311

Applicant's Form Identifier

WLS 72004

Contact Person

Dave Bringman

Phone Number

419/473-8228

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 2 of 2

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: Washington Local School District

School District Entity Number: 129311

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Shoreland Elementary	034504	U	515	151	29.3203883	50%	257.5
Trilby Elementary	037549	U	295	95	32.2033888	50%	147.5
Wernert Elementary	040295	U	366	124	33.8797814	50%	183
Totals for calculating Weighted Average Discount			6786				3009.5

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →

44%



Entity Number <u>129311</u>	Applicant's Form Identifier <u>WLS72004</u>
Contact Person <u>Dave Bringman</u>	Phone Number <u>419/473-8228</u>

Block 4: Discount Calculation Worksheet B for Libraries

Worksheet #B- 1

Page 1 of 1

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for one outlet/branch or **ONLY** for site-specific services: Complete columns 1-4 only for each outlet/branch. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** outlets/branches in the library system (with or without site-specific services as well): Complete columns 1-4 PLUS 10c below.
- Applying for discounts on different shared services that are shared by different groups of outlets/branches: Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name:

Library System Entity Number:

1 Name of Eligible Library (outlet/branch)	2 Entity Number 1-10 digits)	3 Name of School District in which outlet/branch in Column 1 is located	4 Discount % from Discount Matrix
Total for calculating Shared Discount			

10c Shared Discount % (Col. 4 total divided by # of outlets/branches in Col. 1. Round to nearest %) →



Entity Number <u>129311</u>	Applicant's Form Identifier <u>WLS 72004</u>
Contact Person <u>Dave Bringman</u>	Phone Number <u>419/473-8228</u>

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- 1

Page 1 of 1

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** on site-specific services:
Complete columns 1-3 only. Add and number pages as needed.
- Applying for discounts on services shared by **ALL** members (with or without site-specific services as well):
Complete columns 1-3 PLUS 10c, below.
- Applying for discounts on different shared services shared by different groups of consortium members:
Complete one worksheet, columns 1-3 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc.

List entities and calculate discount(s).

1	2	3
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1	ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library Outlet/Branch: Discount from Worksheet B, Column 4 Library System: Discount from Worksheet B, Item 10c
Total for calculating Shared Discount		

10c Shared Discount % (Col. 3 total divided by # of entities in Col. 1. Round to nearest %) ➔



Entity Number <u>129311</u> Contact Person <u>Dave Bringman</u>	Applicant's Form Identifier <u>WL572004</u> Phone Number <u>419/473-8228</u>
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Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 14
 FRN # (to be assigned by administrator)

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) <u>249240000486023</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) <u>143001688</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name <u>Ameritech</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>419/531-2235</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) <u>419/531-2235</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/18/2003</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) <u>01/17/2002</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date (mm/dd/yyyy) <u>01/17/2005</u> </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding: 5px;"> A. Monthly \$ charges (total amount per month for service) <u>171.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> B. How much of the \$ amount in (A) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) <u>171.00</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> D. # of months service provided in program year <u>6.5</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> E. Annual pre-discount \$ amount for eligible recurring charges (C x D) <u>1111.50</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> F. Annual non-recurring (one-time) \$ charges </div> <div style="border-bottom: 1px solid black; padding: 5px;"> G. How much of the \$ amount in (F) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> H. Annual eligible pre-discount \$ amount for one-time charges (F minus G) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> I. Total program year pre-discount \$ amount (E + H) <u>1111.50</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> J. % discount (from Block 4 Worksheet) <u>44</u> </div> <div style="padding: 5px;"> K. Funding Commitment \$ Request (I x J) <u>489.06</u> </div>
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21 Description of This Service: Attachment # A01
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number 129311 Applicant's Form Identifier WLS72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

419/531-2235

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

01/18/2005

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations****A. Monthly \$ charges (total amount per month for service)**

171.00

B. How much of the \$ amount in (A) is ineligible?**C. Eligible monthly pre-discount amount (A minus B)**

171.00

D. # of months service provided in program year

5.5

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

940.50

F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**

940.50

J. % discount (from Block 4 Worksheet)

44%

K. Funding Commitment \$ Request (I x J)

413.82

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A01

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number 129311 Applicant's Form Identifier WLS 72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 3 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

419/473-1281

16 Billing Account Number (e.g., billed telephone number)

419/473-1281

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)

01/17/2002

19a Service Start Date (mm/dd/yyyy)

07/01/2004

19b Service End Date (mm/dd/yyyy)

(use only for "T" or "MTM" services)

20 Contract Expiration Date

(mm/dd/yyyy)

01/17/2005

23 Calculations

A. Monthly \$ charges (total amount per month for service)

1696⁰⁰

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

1696⁰⁰

D. # of months service provided in program year

6.5

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

11024.00

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

I. Total program year pre-discount \$ amount (E + H)

11024.00

J. % discount (from Block 4 Worksheet)

.44

K. Funding Commitment \$ Request (I x J)

4850.56

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A02

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number 129311 Applicant's Form Identifier WLS72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 4 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

419/473-1281

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)

19a Service Start Date (mm/dd/yyyy)

01/18/2005

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)

23 Calculations

A. Monthly \$ charges (total amount per month for service)

1696.00

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

1696.00

D. # of months service provided in program year

5.5

E. Annual pre-discount \$ amount for eligible recurring charges
(C x D)

9328.00

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges
(F minus G)

I. Total program year pre-discount \$ amount (E + H)

9328.00

J. % discount (from Block 4 Worksheet)

.44

K. Funding Commitment \$ Request (I x J)

4104.32

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A02

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number 129311 Applicant's Form Identifier WLS 72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 5 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

419/473-8372

16 Billing Account Number (e.g., billed telephone number)

419/473-8372

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)

01/17/2002

19a Service Start Date (mm/dd/yyyy)

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)**20 Contract Expiration Date**
(mm/dd/yyyy)

01/17/2007

23 Calculations**A. Monthly \$ charges (total amount per month for service)**

1394.31

B. How much of the \$ amount in (A) is ineligible?

255.95

C. Eligible monthly pre-discount amount (A minus B)

1138.36

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

13660.32

F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**

13660.32

J. % discount (from Block 4 Worksheet)

.44

K. Funding Commitment \$ Request (I x J)

6010.54

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A03

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1



Entity Number 129311 Applicant's Form Identifier WLS72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 6 of 14

FRN # _____
(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T

16 Billing Account Number (e.g., billed telephone number)

419 R60 0430

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)

19a Service Start Date (mm/dd/yyyy)

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A04

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1

23 Calculations

A. Monthly \$ charges (total amount per month for service)

422⁰⁰

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

422⁰⁰

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges
(C x D)

5064.00

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges
(F minus G)

I. Total program year pre-discount \$ amount (E + H)

5064.00

J. % discount (from Block 4 Worksheet)

.44

K. Funding Commitment \$ Request (I x J)

2228.16



Entity Number

129311

Applicant's Form Identifier

WLS72004

Contact Person

Dave Bringman

Phone Number

419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

7 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)Telecommunications
ServiceInternet
AccessInternal
Connections**12 Form 470 Application Number (15 digits)**

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number

(if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T

16 Billing Account Number (e.g., billed telephone number)

419/534-2002

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)

(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/01/2004

19b Service End Date (mm/dd/yyyy)

(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date

(mm/dd/yyyy)

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A05

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

A-1

23 Calculations

Recurring Charges

Non-Recurring Charges

Total Charges

A. Monthly \$ charges (total amount per month for service)58⁰⁰**B. How much of the \$ amount in (A) is ineligible?****C. Eligible monthly pre-discount amount (A minus B)**58⁰⁰**D. # of months service provided in program year**

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)696⁰⁰**F. Annual non-recurring (one-time) \$ charges****G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**696⁰⁰**J. % discount (from Block 4 Worksheet)**

.44

K. Funding Commitment \$ Request (I x J)

306.24



Entity Number <u>129311</u>	Applicant's Form Identifier <u>WLS72004</u>
Contact Person <u>Dave Bringman</u>	Phone Number <u>419/473-8228</u>

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 8 of 14

FRN # _____
(to be assigned by administrator)

<p>11 Category of Service (only ONE category should be checked)</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> Telecommunications Service </div> <div style="text-align: center;"> <input type="checkbox"/> Internet Access </div> <div style="text-align: center;"> <input type="checkbox"/> Internal Connections </div> </div> <p>12 Form 470 Application Number (15 digits) <u>249240000486023</u></p> <p>13 SPIN - Service Provider Identification Number (9 digits) <u>143001688</u></p> <p>14 Service Provider Name <u>Ameritech</u></p> <p>15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u></p> <p>16 Billing Account Number (e.g., billed telephone number) <u>419/473-2364</u></p> <p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small> <u>12/18/2003</u></p> <p>18 Contract Award Date (mm/dd/yyyy)</p> <p>19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u></p> <p>19b Service End Date (mm/dd/yyyy) <small>(use only for "T" or "MTM" services)</small> <u>06/30/2005</u></p> <p>20 Contract Expiration Date (mm/dd/yyyy)</p>	<p>23 Calculations</p> <p>A. Monthly \$ charges (total amount per month for service) <u>43⁰⁰</u></p> <p>B. How much of the \$ amount in (A) is ineligible?</p> <p>C. Eligible monthly pre-discount amount (A minus B) <u>43⁰⁰</u></p> <p>D. # of months service provided in program year <u>12</u></p> <p>E. Annual pre-discount \$ amount for eligible recurring charges (C x D) <u>516⁰⁰</u></p> <p>F. Annual non-recurring (one-time) \$ charges</p> <p>G. How much of the \$ amount in (F) is ineligible?</p> <p>H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)</p> <p>I. Total program year pre-discount \$ amount (E + H) <u>516⁰⁰</u></p> <p>J. % discount (from Block 4 Worksheet) <u>.40</u></p> <p>K. Funding Commitment \$ Request (I x J) <u>206.40</u></p>
---	--

21 Description of This Service: Attachment # A06
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : 041046

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):



Entity Number 129311 Applicant's Form Identifier WLS72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 9 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T

16 Billing Account Number (e.g., billed telephone number)

419/726-3455

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)

12/18/03

18 Contract Award Date (mm/dd/yyyy)

19a Service Start Date (mm/dd/yyyy)

07/01/2004

19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date (mm/dd/yyyy)

23 Calculations

A. Monthly \$ charges (total amount per month for service)

141.75

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

141.75

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

1701.00

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)

I. Total program year pre-discount \$ amount (E + H)

1701.00

J. % discount (from Block 4 Worksheet)

.50

K. Funding Commitment \$ Request (I x J)

850.50

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A07

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

034504



Entity Number

129311

Applicant's Form Identifier

WLS72004

Contact Person

Dave Bringman

Phone Number

419/473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

10 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)Telecommunications
ServiceInternet
AccessInternal
Connections**12 Form 470 Application Number (15 digits)**

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001688

14 Service Provider Name

Ameritech

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

T

16 Billing Account Number (e.g., billed telephone number)

419/476-9138

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations**

A. Monthly \$ charges (total amount per month for service)

139⁰⁰

B. How much of the \$ amount in (A) is ineligible?

C. Eligible monthly pre-discount amount (A minus B)

139⁰⁰

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges
(C x D)1668⁰⁰

F. Annual non-recurring (one-time) \$ charges

G. How much of the \$ amount in (F) is ineligible?

H. Annual eligible pre-discount \$ amount for one-time charges
(F minus G)

I. Total program year pre-discount \$ amount (E + H)

1668⁰⁰

J. % discount (from Block 4 Worksheet)

.50

K. Funding Commitment \$ Request (I x J)

834⁰⁰**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A08

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

027946



Entity Number <u>129311</u>	Applicant's Form Identifier <u>WLS72004</u>
Contact Person <u>Dave Bringman</u>	Phone Number <u>419/473-8228</u>

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 11 of 14

FRN # _____ (to be assigned by administrator)

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> Telecommunications Service <input checked="" type="checkbox"/> Internet Access Internal Connections </div> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) <u>249240000486023</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) <u>143007175</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name <u>Northern Buckeye Education Council</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>not available</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) <u>OC-3</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>01/15/2002</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) <u>01/16/2002</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>07/01/2007</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date (mm/dd/yyyy) <u>07/01/2007</u> </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding: 5px;"> A. Monthly \$ charges (total amount per month for service) <u>7417.01</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> B. How much of the \$ amount in (A) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) <u>7417.01</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> D. # of months service provided in program year <u>12</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> E. Annual pre-discount \$ amount for eligible recurring charges (C x D) <u>89004.12</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> F. Annual non-recurring (one-time) \$ charges </div> <div style="border-bottom: 1px solid black; padding: 5px;"> G. How much of the \$ amount in (F) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> H. Annual eligible pre-discount \$ amount for one-time charges (F minus G) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> I. Total program year pre-discount \$ amount (E + H) <u>89004.12</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> J. % discount (from Block 4 Worksheet) <u>.44</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> K. Funding Commitment \$ Request (I x J) <u>39,161.81</u> </div>
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21 Description of This Service:
 You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment # A09

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):
A-1



Entity Number 129311 Applicant's Form Identifier WLS 72004
Contact Person Dave Bringman Phone Number 419-473-8228

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 12 of 14

FRN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits)

249240000486023

13 SPIN - Service Provider Identification Number (9 digits)

143001069

14 Service Provider Name

360 Communications Co. dba ALLTel

15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)

MTM

16 Billing Account Number (e.g., billed telephone number)

TOB6931

17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

12/18/2003

18 Contract Award Date (mm/dd/yyyy)**19a Service Start Date (mm/dd/yyyy)**

07/01/2004

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

06/30/2005

20 Contract Expiration Date
(mm/dd/yyyy)**23 Calculations****A. Monthly \$ charges (total amount per month for service)**

930.00

B. How much of the \$ amount in (A) is ineligible?

678.00

C. Eligible monthly pre-discount amount (A minus B)

252.00

D. # of months service provided in program year

12

E. Annual pre-discount \$ amount for eligible recurring charges (C x D)

3024.00

F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)****I. Total program year pre-discount \$ amount (E + H)**

3024.00

J. % discount (from Block 4 Worksheet)

.40

K. Funding Commitment \$ Request (I x J)

1209.60

21 Description of This Service:

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

A10

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

041046



Entity Number	<u>129311</u>	Applicant's Form Identifier	<u>WLS 72004</u>
Contact Person	<u>Dave Bringman</u>	Phone Number	<u>419-473-8228</u>

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 13 of 14

FERN #

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked) Telecommunications Service <input checked="" type="checkbox"/> Internet Access <input checked="" type="checkbox"/> Internal Connections <input type="checkbox"/>	23 Calculations
12 Form 470 Application Number (15 digits) <u>249240000486023</u>	
13 SPIN - Service Provider Identification Number (9 digits) <u>143005290</u>	
14 Service Provider Name <u>Buckeye Telesystems, Inc.</u>	
15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>00002</u>	
16 Billing Account Number (e.g., billed telephone number) <u>00002</u>	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>12/18/2003</u>	
18 Contract Award Date (mm/dd/yyyy) <u>05/10/1996</u>	
19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u>	
19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	
20 Contract Expiration Date (mm/dd/yyyy) <u>10/01/2006</u>	
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.	Recurring Charges
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):	Non-Recurring Charges
	Total Charges
	Attachment # <u>A-1</u>
	A. Monthly \$ charges (total amount per month for service) <u>4250⁰⁰</u>
	B. How much of the \$ amount in (A) is ineligible?
C. Eligible monthly pre-discount amount (A minus B) <u>4250⁰⁰</u>	
D. # of months service provided in program year <u>12</u>	
E. Annual pre-discount \$ amount for eligible recurring charges (C x D) <u>51000⁰⁰</u>	
F. Annual non-recurring (one-time) \$ charges	
G. How much of the \$ amount in (F) is ineligible?	
H. Annual eligible pre-discount \$ amount for one-time charges (F minus G)	
I. Total program year pre-discount \$ amount (E + H) <u>51000⁰⁰</u>	
J. % discount (from Block 4 Worksheet) <u>.44</u>	
K. Funding Commitment \$ Request (I x J) <u>22440.00</u>	



Entity Number <u>129311</u> Contact Person <u>Dave Bringman</u>	Applicant's Form Identifier <u>WLS72004</u> Phone Number <u>419-473-8228</u>
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Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 14 of 14

FRN # _____
(to be assigned by administrator)

<div style="border-bottom: 1px solid black; padding: 5px;"> 11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 12 Form 470 Application Number (15 digits) <u>249240000486023</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 13 SPIN - Service Provider Identification Number (9 digits) <u>143015548</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 14 Service Provider Name <u>WorldCom dba TTI National</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 15 Contract Number (If available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 16 Billing Account Number (e.g., billed telephone number) <u>0008-002-5620</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <small>(based on Form 470 filing)</small> <u>12/18/2003</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 18 Contract Award Date (mm/dd/yyyy) </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19a Service Start Date (mm/dd/yyyy) <u>07/01/2004</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 19b Service End Date (mm/dd/yyyy) <small>(use only for "T" or "MTM" services)</small> <u>06/30/2005</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> 20 Contract Expiration Date <small>(mm/dd/yyyy)</small> </div>	<div style="border-bottom: 1px solid black; padding: 5px;"> 23 Calculations </div> <div style="border-bottom: 1px solid black; padding: 5px;"> A. Monthly \$ charges (total amount per month for service) <u>331⁰⁰</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> B. How much of the \$ amount in (A) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> C. Eligible monthly pre-discount amount (A minus B) <u>331⁰⁰</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> D. # of months service provided in program year <u>12</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> E. Annual pre-discount \$ amount for eligible recurring charges <small>(C x D)</small> <u>3972⁰⁰</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> F. Annual non-recurring (one-time) \$ charges </div> <div style="border-bottom: 1px solid black; padding: 5px;"> G. How much of the \$ amount in (F) is ineligible? </div> <div style="border-bottom: 1px solid black; padding: 5px;"> H. Annual eligible pre-discount \$ amount for one-time charges <small>(F minus G)</small> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> I. Total program year pre-discount \$ amount (E + H) <u>3972⁰⁰</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> J. % discount (from Block 4 Worksheet) <u>.44</u> </div> <div style="border-bottom: 1px solid black; padding: 5px;"> K. Funding Commitment \$ Request (I x J) <u>1747.68</u> </div>
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21 Description of This Service: Attachment # A12
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:	
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):	<u>A-1</u>



Do not write in this area

Entity Number 129311 Applicant's Form Identifier WLS72004
Contact Person Dave Bringman Phone Number 419/473-8228

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The entities listed on this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections, necessary to make effective use of the services purchased, as well as to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b higher-level technology plan(s) for using the services requested in this application; or
- c no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a ☒ technology plan(s) has/have been approved; and/or
- b technology plan(s) will be approved by a state or other authorized body; or
- c no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.



Entity Number 129311 Applicant's Form Identifier WLS 2004
Contact Person Dave Bringman Phone Number 419/473-8228

34. Signature of authorized person

35. Date 2-18-04

David Bringman

36. Printed name of authorized person

Dave Bringman

37. Title or position of authorized person

Director, Business Services

38a. Street Address, P.O. Box, or Route Number

3505 W. LINCOLNSHIRE BLVD.

City TOLEDO

State

Zip Code

OH

43606-1231

38b. Telephone number of authorized person

Extension

38c. Fax number of authorized person

419/473-8228

419/473-8247

38d. E-mail address of authorized person

dbringma@washloc.k12.oh.us

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number	129311	Applicant's Form Identifier	WLS72004
Contact Person	Dave Bringman	Phone Number	419/473-8228

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100



Entity Number 129311 Applicant's Form Identifier WLS72004
 Contact Person Dave Bringman Phone Number 419-473-8228

Block 5

Services	Bill number	Provider	Attachment #	Monthly Cost	Number of lines
Centrex lines used by all sites	419/531-2235	Ameritech	A01	\$171.00	6
Centrex lines used by all sites	419/473-1281	Ameritech	A02	\$1,696.00	56
DID service used by all sites	419/473-8272	Ameritech	A03	\$1,138.36	T-1 with 24 DID trunks, DID #s
analog circuit used by all sites	419/R60-0430	Ameritech	A04	\$422.00	8
modem lines to dial into for all sites	419/534-2002	Ameritech	A05	\$58.00	2
basic service for Whitmer (entity 041046)	419/473-2364	Ameritech	A06	\$43.00	1
basic service for Shoreland (entity 034504)	419/726-3455	Ameritech	A07	\$141.75	3
basic service for Greenwood (entity 027946)	419/476-9138	Ameritech	A08	\$139.00	3
internet access for all sites	OC3	Northern Buckeye	A09	\$7,417.01	
cellular service for 2 principals and 1 superintendent (041046)	TOB6931	Alltel	A10	\$252.00	3
11 leased lines for internet access	00002	Buckeye	A11	\$4,250.00	11
long distance service for all sites	0008-002-5620	TTI National	A12	\$331.00	75
Total				\$16,059.12	



WASHNTN LOC SCHLS
%BOOKKEEPING DEPT
3505 W UNCLNSHR BL
TOLEDO, OH 43608-1231

Page 1 of 2
Account Number 419 531-2235 355 7
Billing Date Jun 1, 2003

Web Site -www.ameritech.com

Invoice Number 419531223506

2309134

Monthly Statement

May 2 - Jun 1, 2003

Bill-At-A-Glance

Previous Bill	172.95
Payment - Thank You!	172.95CR
Adjustments	.00
Balance	.00
Current Charges	171.33
Total Amount Due	\$171.33
Current Charges Due in Full By	Jun 24, 2003

Ameritech Local Service

Monthly Service - Jun 1 thru Jun 30

Monthly Charges	155.09
Federal Access Charge	32.28
Total Monthly Service	187.37

Local, State and Federal Charges

9-1-1 Emergency System	
Billed for Lucas County	.72
Number Portability Surcharge	*1.68
Federal Universal Service Fee	.60
Ohio Educational Discount	19.04CR
Total Local, State and Federal Charges	16.04CR

Total Ameritech Local Service Charges 171.33

Billing Summary

Questions? Call:

Ameritech Local Service	171.33
1-800-480-8088	
Repair Service:	
1-800-480-8088	
Telecommunications Relay System:	
1-800-750-0750	
Total of Current Charges	171.33

[Handwritten signature]
6/10/03
JUN 10 2003

A01

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - CALLER ID AVAILABLE
 - CARRIER INFO
 - PAYMENTS & INQUIRIES
- See "News You Can Use" for additional information.



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WASHNTN LOC SCHLS
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TOLEDO, OH 43608-1231

Page 1 of 25
Account Number 419 473-1281 448 0
Billing Date Jun 1, 2003

Web Site - www.ameritech.com

Invoice Number 419473128106

Monthly Statement

May 2 - Jun 1, 2003

2309134

Bill-At-A-Glance

Previous Bill	1,687.04
Payment - Thank You!	1,687.04CR
Adjustments	.00
Balance	.00
Current Charges	1,696.07
Total Amount Due	\$1,696.07
Current Charges Due in Full By	Jun 23, 2003

Billing Summary

Questions? Call:

Ameritech Local Service	1,692.33
1-800-480-8088	
Repair Service:	
1-800-480-8088	
Telecommunications Relay System:	
1-800-750-0750	
MCI	3.74
1-800-480-8088	
Total of Current Charges	1,696.07

*Billing
6/10/03*

Ameritech Local Service

Monthly Service - Jun 1 thru Jun 30

Monthly Charges	1,270.25
Federal Access Charge	301.28
Total Monthly Service	1,571.53

Local Calls

Local Calling Plus

Calling Area B

Minutes - Initial - 8:00am-9:00pm - Mon thru Fri	
10 Minute(s) billed at \$.0406 each	.41
Minutes - Additional	
29 Minute(s) billed at \$.0104 each	.30
Total Usage for Calling Area B	.71

Calling Area C

Minutes - Initial - 8:00am-9:00pm - Mon thru Fri	
23 Minute(s) billed at \$.0406 each	.93
Minutes - Additional	
47 Minute(s) billed at \$.0104 each	.49
Total Usage for Calling Area C	1.42
Total Local Calling Plus Charges	2.13
39947 Call(s) Made on Measured Line	
438 Call(s) Allowed with Trunk Equivalency	
3080 Call(s) School Cap	
3080 Call(s) Billed at \$.08 each	246.40
Total Local Calls	248.53

Information Charges

411 and 555-1212	
16 Call(s) made to 1+411	
17 Call(s) made to 1+555-1212	
33 Call(s) billed at \$.75 each	24.75

Information Call Completion

3 Call(s) billed at \$.25 each	.75
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National Directory Assistance

5 Call(s) billed at \$1.25 each	6.25
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Total Information Charges	31.75
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Local Toll

No.	Date	Time	Place Called	Number	Code	Min
Calls Charged to 419 473-1281						
1100				Call(s) Made on Measured Line		
(F.Y.I. - \$88.00 before volume discounts)						

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - CALLER ID AVAILABLE
 - CARRIER INFO
 - PAYMENTS & INQUIRIES
- See "News You Can Use" for additional information.

A02



WASHNTN LOC SCHLS
%BOOKKEEPING DEPT
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Page 1 of 5
Account Number 419 473-8372 711 6
Billing Date Jun 1, 2003

Web Site www.ameritech.com

Invoice Number 419473837206

JUN 12 2003

Monthly Statement

May 2 - Jun 1, 2003

Bill-At-A-Glance

Previous Bill	1,393.93
Payment - Thank You!	1,393.93CR
Adjustments	.00
Balance	.00
Current Charges	1,394.31
Total Amount Due	\$1,394.31
Current Charges Due in Full By	Jun 23, 2003

Billing Summary

Questions? Call:

Ameritech Local Service 1-800-480-8088 Repair Service: 1-800-480-8088 Telecommunications Relay System: 1-800-750-0750	1,138.36
Ameritech Yellow Pages 1-800-647-9000	196.00
Integretel, Inc. 1-800-736-7500	35.90
OAN Services, Inc. 1-800-441-9678	17.95
Correctional Billing Services 1-800-844-6591	6.10
Total of Current Charges	1,394.31

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - PAYMENTS & INQUIRIES
 - CALLER ID AVAILABLE
- See "News You Can Use" for additional information.

Ameritech Local Service

Monthly Service - Jun 1 thru Jun 30

Monthly Charges 1,238.38

Other Charges and Credits

This section of your bill reflects charges and credits resulting from account activity.

Item No.	Description	Quantity	USOC	Monthly Charges
Date: May 16, 2003				
Order Number: R1303581445				
Services Changed				
Charges for Services Added				
(Monthly Charges are Prorated from May 17, 2003 to Billing Date, Jun 1, 2003)				
1.	Additional Directory Listing	1	CLT	1.99 .93
2.	Additional Directory Listing	1	CLT	1.99 .93
Services Changed				
Credits for Services Removed				
(Monthly Charges were Billed in Advance and are Prorated from May 17, 2003 to Jun 1, 2003)				
3.	Additional Directory Listing	1	CLT	1.99 .93CR
4.	Additional Directory Listing	1	CLT	1.99 .93CR
5.	Additional Directory Listing	1	CLT	1.99 .93CR
6.	Additional Directory Listing	1	CLT	1.99 .93CR
Total Credits for Order Number: R1303581445				1.86CR

Date: May 29, 2003

Order Number: R1303582139

Services Changed				
Charges for Services Added				
(Monthly Charges are Prorated from May 30, 2003 to Billing Date, Jun 1, 2003)				
7.	Additional Directory Listing	1	CLT	1.99 .07
8.	Additional Directory Listing	1	CLT	1.99 .07
Total Charges for Order Number: R1303582139				.14
Total Other Charges and Credits				1.72CR

Local, State and Federal Charges

FCC Complex Line Port Federal Charge	28.18
Ohio Educational Discount	126.48CR
Total Local, State and Federal Charges	98.30CR

Total Ameritech Local Service Charges 1,138.36

Ameritech Yellow Pages

Yellow Pages Advertising

TOLEDO OH 91.00

A03



WASHINGTON LOCAL
SCHOOLS
3505 LINCOLNSHIRE BL
TOLEDO, OH 43608

Page 1 of 1
Account Number 419 R60-0430 662 4
Billing Date May 13, 2003

Web Site www.ameritech.com

Invoice Number 419R60043005

Monthly Statement

Apr 14 - May 13, 2003

Bill-At-A-Glance

Previous Bill	439.47
Payment - Thank You!	439.47CR
Adjustments	.00
Balance	.00
Current Charges	422.19
Total Amount Due	\$422.19
Current Charges Due in Full By	Jun 4, 2003

Billing Summary

Questions? Call:

Ameritech Local Service	422.19
1-800-480-8088	
Repair Service:	
1-800-480-8088	
Telecommunications Relay System:	
1-800-750-0750	
Total of Current Charges	422.19

Ameritech Local Service

Monthly Service - May 13 thru Jun 12

Monthly Charges	469.10
Local, State and Federal Charges	
Ohio Educational Discount	46.91CR
Total Ameritech Local Service Charges	422.19

News You Can Use

AVOID DISCONNECTION

All of the charges must be paid each month to keep your account current and avoid collection activities. However, certain charges MUST be paid in order to avoid disconnection of basic local service. Currently, for this account that amount is \$422.19.

EDUCATIONAL DISCOUNT

The Ohio Educational Discount of 10% has been applied to your current Ameritech charges of \$469.10, saving you \$46.91.

PAYMENTS & INQUIRIES

Allow 5 days when paying by mail. You may also pay at an authorized agent. Nonpayment of toll or non-regulated services may result in disconnection or restriction of such services and/or collection action. For problems with your business service please call us at 1-800-480-8088. If your questions are not resolved after you have called SBC, you may call the Public Utilities Commission of Ohio (PUCO), Toll Free at 1-800-686-7826 or 1-614-466-3292, or for TDD/TTY Toll Free at 1-800-686-1570 or 1-614-466-8180, from 8 a.m. to 5 p.m. M-F, or visit the PUCO website at www.puco.ohio.gov.

SBC VITAL CONNECTIONS

Visit "SBC Vital Connections" for tips on staying connected in a crisis. Go to www.sbc.com/vitalconnections to learn about and create a personal and family communications plan. SBC recently donated \$250,000 to the Veterans of Foreign Wars' Operation Uplink program, to fund prepaid calling cards for our troops. To send a calling card or donate to the VFW, visit sbccom.

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - PAYMENTS & INQUIRIES
 - SBC VITAL CONNECTIONS
- See "News You Can Use" for additional information.

404



WASHNTN LOC SCHLS
%BOOKKEEPING
3505 W LINCOLNSHIRE BL
TOLEDO, OH 43608-1231

Page 1 of 2
Account Number 419 534-2002 523 5
Billing Date May 25, 2003

Web Site www.ameritech.com

Invoice Number 419534200205

Monthly Statement

Apr 26 - May 25, 2003

Bill-At-A-Glance

Previous Bill	58.90
Payment - Thank You!	58.90CR
Adjustments	.00
Balance	.00
Current Charges	58.84
Total Amount Due	\$58.84
Current Charges Due in Full By	Jun 18, 2003

Billing Summary

Questions? Call:

Ameritech Local Service	58.84
1-800-480-8088	
Repair Service:	
1-800-480-8088	
Telecommunications Relay System:	
1-800-750-0750	
Total of Current Charges	58.84

Ameritech Local Service

Monthly Service - May 25 thru Jun 24

Charges for 419 534-2002	
Monthly Charges	26.40
Federal Access Charge	5.38

Charges for 419 534-2004

Monthly Charges	26.40
Federal Access Charge	5.38
Total Monthly Service	63.56

Local, State and Federal Charges

9-1-1 Emergency System	
Billed for Lucas County	.24
Number Portability Surcharge	.56
Federal Universal Service Fee	1.02
Ohio Educational Discount	6.54CR
Total Local, State and Federal Charges	4.72CR

Total Ameritech Local Service Charges	58.84
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JUN 09 2003

A05

Bohman
6/10/03

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - SBC VITAL CONNECTIONS
 - CARRIER INFO
 - PAYMENTS & INQUIRIES
- See "News You Can Use" for additional information.



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%800KEEPING-ABLE
3505 W LINCOLNSHIRE BL
TOLEDO, OH 43608-1231

JUN 12 2003

Page 1 of 2
Account Number 419 473-2364 377 9
Billing Date Jun 1, 2003

Web Site www.ameritech.com

Invoice Number 419473236406

Monthly Statement

May 2 - Jun 1, 2003

Bill-At-A-Glance

Previous Bill	43.14
Payment - Thank You!	43.14CR
Adjustments	.00
Balance	.00
Current Charges	43.10
Total Amount Due	\$43.10
Current Charges Due in Full By	Jun 23, 2003

Billing Summary

Questions? Call:

Ameritech Local Service 43.10
1-800-480-8088
Repair Service:
1-800-480-8088
Telecommunications Relay System:
1-800-750-0750

Total of Current Charges 43.10

Ameritech Local Service

Monthly Service - Jun 1 thru Jun 30

CO Termination With Touchtone	2.30
Line Charge	17.95
Individual Message Business	6.15
Federal Access Charge	5.38
Total Monthly Service	31.78

Local Calls

483 Call(s) were placed with your Measured Line	
73 Call(s) were allowed	
190 Call(s) billed at \$.08 each	15.20

Local, State and Federal Charges

9-1-1 Emergency System	
Billed for Lucas County	.12
Number Portability Surcharge	.28
Federal Universal Service Fee	.51
Ohio Educational Discount	4.79CR
Total Local, State and Federal Charges	3.88CR

Total Ameritech Local Service Charges 43.10

*measured service
not included*

A06

News You Can Use - Summary

- AVOID DISCONNECTION
 - EDUCATIONAL DISCOUNT
 - CALLER ID AVAILABLE
 - CARRIER INFO
 - PAYMENTS & INQUIRIES
- See "News You Can Use" for additional information.



WASHNTN LOC SCHLS
%BOOKKEEPING DEPT
3505 W LINCNSHR BL
TOLEDO, OH 43606-1231

Page 1 of 2
Account Number 419 726-3455 4917
Billing Date Dec 13, 2003

Web Site www.sbc.com

Invoice Number 419726345512

Monthly Statement

Nov 14 - Dec 13, 2003

Bill At-A-Glance

Previous Bill	140.78
Payment - Thank You!	140.78 CR
Adjustments	.00
Balance	.00
Current Charges	141.75
Total Amount Due	\$141.75 ✓
Current Charges Due In Full By	Jan 5, 2004

Billing Summary

Questions? Call:

SBC Local Services	141.75
1-800-660-3000	
Repair Service:	
1-800-727-2273	
Telcommunications Relay System:	
1-800-760-0750	
Total of Current Charges	141.75

SBC Local Services

Monthly Service - Dec 13 thru Jan 12

Charges for 419 726-3455	
Monthly Charges	30.10
Federal Access Charge	5.39
Charges for 419 726-3456	
Monthly Charges	30.10
Federal Access Charge	5.39
Charges for 419 726-3457	
Monthly Charges	30.10
Federal Access Charge	5.39
Total Monthly Service	106.67

Local Calls

Local Calling Plus	
Calling Area C	
Minutes - Initial - 8:00am-9:00pm - Mon thru Fri	
8 Minute(s) billed at \$.0408 each	.32
Minutes - Additional	
10 Minute(s) billed at \$.0104 each	.10
Total Usage for Calling Area C	.42
Total Local Calling Plus Charges	.42
2042 Call(s) were placed with your Measured Line	
219 Call(s) were allowed	
570 Call(s) billed at \$.08 each	45.60

Pay Per Use Services

No.	Date	Time	Number	
Repeat Dialing				
1	11-21	341P	419 726-2824	.76
Total Pay Per Use Services				.75
Total Local Calls				46.77

Information Charges

411 and 555-1212	
2 Call(s) made to 1-411	
2 Call(s) billed at \$.75 each	1.50

Local, State and Federal Charges

9-1-1 Emergency System	
Billed for Lucas County	.38
Number Portability Surcharge	.84
Federal Universal Service Fee	1.56
Ohio Educational Discount	15.75 CR
Total Local, State and Federal Charges	12.58 CR

Total SBC Local Services Charges 141.75

News You Can Use - Summary

- AVOID DISCONNECTION
 - CARRIER INFO
 - EDUCATIONAL DISCOUNT
 - PAYMENTS & INQUIRIES
- See "News You Can Use" for additional information.



WASHNTN LOC SCHLS
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Page 1 of 2
Account Number 419 476-9138 496 0
Billing Date Jun 1, 2003

Web Site www.ameritech.com

Invoice Number 419476913806

Monthly Statement

May 2 - Jun 1, 2003

Bill-At-A-Glance

Previous Bill	140.75
Payment - Thank You!	140.75CR
Adjustments	.00
Balance	.00
Current Charges	139.29
Total Amount Due	\$139.29
Current Charges Due in Full By	Jun 23, 2003

Billing Summary

Questions? Call:

Ameritech Local Service	139.29
1-800-480-8088	
Repair Service:	
1-800-480-8088	
Telecommunications Relay System:	
1-800-750-0750	
Total of Current Charges	139.29

Ameritech Local Service

Monthly Service - Jun 1 thru Jun 30

Charges for 419 476-9138	
Monthly Charges	30.10
Federal Access Charge	5.38

Charges for 419 476-9139

Monthly Charges	30.10
Federal Access Charge	5.38

Charges for 419 476-9923

Monthly Charges	30.10
Federal Access Charge	5.38
Total Monthly Service	106.44

Local Calls

1992 Call(s) were placed with your Measured Line	
219 Call(s) were allowed	
570 Call(s) billed at \$.08 each	45.60

Local, State and Federal Charges

9-1-1 Emergency System	
Billed for Lucas County	.36
Number Portability Surcharge	.84
Federal Universal Service Fee	1.53
Ohio Educational Discount	15.48CR
Total Local, State and Federal Charges	12.75CR

Total Ameritech Local Service Charges 139.29

News You Can Use - Summary

- AVOID DISCONNECTION
- EDUCATIONAL DISCOUNT
- CALLER ID AVAILABLE
- CARRIER INFO
- PAYMENTS & INQUIRIES

See "News You Can Use" for additional information.

*not cleared
monitored*

JUN 12 2003

108

Item 21 Attachment

Applicant: Washington Local School District		Attachment: I-A21	
BEN: 129311		Application:	
Narrative Description: Northern Buckeye Education Council will provide unbundled Internet Access to Customer. This service offering includes Internet access, e-mail accounts for district personnel, Domain Name Services, and caching services. Service to be delivered to the Customer over a dedicated connection with a minimum transfer rate of 1.544mbs.			
Quantity	Product or Service Description	Unit Cost	Extended Pre-discount Cost
			<div>Recurring</div> <div>Non-Recurring</div>
12	Monthly Internet Access to Career & Tech Center	\$4,867.01	\$58,404.14
12	Monthly Internet Access to Whitmer High School	\$212.50	\$2,550.00
12	Monthly Internet Access to Jefferson Junior High School	\$212.50	\$2,550.00
12	Monthly Internet Access to Washington Junior High School	\$212.50	\$2,550.00
12	Monthly Internet Access to Greenwood Junior High School	\$212.50	\$2,550.00
12	Monthly Internet Access to Hiawatha Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Jackman Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to McGregor Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Meadowvale Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Monac Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Shoreland Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Trilby Elementary School	\$212.50	\$2,550.00
12	Monthly Internet Access to Wernert Elementary School	\$212.50	\$2,550.00
TOTAL			\$89,004.14 ✓

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BILL DATE November 17, 2003
ACCOUNT NUMBER TOB6931

Account Summary

Previous Charges

Previous Balance as of 11/17/03 \$1,765.37

Payments and Adjustments

• Payment - Thank you - 10/28/03 \$1,765.37 CR
• Taxes Misc - 11/04/03 \$25.00 CR

Total Payments and Adjustments \$1,790.37 CR

Balance Forward \$25.00 CR

Current Charges and Credits

Monthly Service Charges \$930.14

Taxes \$0.00

Airtime and Long Distance Charges \$604.47

Group Usage Total 571.5 Min

Airtime Free 390.0 Min

Airtime Day 156.0 Min

Airtime Evening 25.5 Min

Reg Cost Rcvry Fee \$6.56

Telcom Cnctvty Fee \$9.44

Federal USF \$38.10

Equipment Charges \$844.35

Total Current Charges and Credits \$2,433.06

TOTAL BALANCE DUE \$2,408.06

Current Charges for All Subscribers

	Monthly Service Charges	Other Charges & Credits	Taxes	Airtime & Dir. Assist Charges	Long Distance Charges	Roaming Charges	Total
WIRELESS (419) 250-0338 Washington Local	\$57.00	\$2.47	\$0.00	\$0.00	\$0.00	\$0.00	\$59.47
WIRELESS (419) 261-0501 Washington Local	\$129.85	\$423.72	\$0.00	\$0.00	\$0.80	\$1.18	\$555.55
WIRELESS (419) 261-0595 Washington Local	\$20.06	\$3.11	\$0.00	\$18.00	\$10.80	\$30.69	\$82.66
WIRELESS (419) 261-0832 Washington Local	\$131.95	\$4.43	\$0.00	\$0.00	\$0.00	\$0.00	\$136.38
WIRELESS (419) 261-0891 Washington Local	\$25.95	\$108.01	\$0.00	\$4.00	\$0.00	\$0.00	\$137.96
WIRELESS (419) 261-0971 Washington Local	\$23.43	\$3.56	\$0.00	\$10.26	\$21.60	\$46.53	\$105.38

Current Charges for All Subscribers

	Monthly Service Charges	Other Charges & Credits	Taxes	Airtime & Dir. Assist Charges	Long Distance Charges	Roaming Charges	Total
<div>A10⁴</div> <div>Ⓟ</div> WIRELESS (419) 261-0993 Washington Local	\$25.95	\$216.05	\$0.00	\$18.75	\$16.00	\$39.60	\$316.35
<div>Ⓟ</div> WIRELESS (419) 261-1172 Washington Local	\$53.85	\$2.18	\$0.00	\$0.00	\$0.00	\$0.00	\$56.03
<div>✱</div> <div>Ⓟ</div> WIRELESS (419) 261-7592 Washington Local Sch	\$36.85	\$1.86	\$0.00	\$0.00	\$0.00	\$0.00	\$38.71
<div>Ⓟ</div> WIRELESS (419) 261-8949 Washington Local	\$80.23	\$8.32	\$0.00	\$0.00	\$27.75	\$174.89	\$291.19
<div>Ⓟ</div> WIRELESS (419) 261-9096 Richard Ball	\$21.75	\$1.29	\$0.00	\$0.00	\$0.00	\$0.00	\$23.04
<div>Ⓟ</div> WIRELESS (419) 360-0256 Washington Local	\$25.95	\$108.25	\$0.00	\$0.00	\$5.47	\$7.67	\$147.34
<div>Ⓟ</div> WIRELESS (419) 360-2107 Washington Local	\$82.04	\$5.78	\$0.00	\$0.00	\$9.10	\$96.38	\$193.30
<div>✱</div> <div>Ⓟ</div> WIRELESS (419) 360-2108 Washington Local	\$82.77	\$4.58	\$0.00	\$0.00	\$10.85	\$49.04	\$147.24
<div>Ⓟ</div> WIRELESS (419) 360-8901 Washington Local	\$76.96	\$3.04	\$0.00	\$0.00	\$0.00	\$4.96	\$84.96
<div>Ⓟ</div> WIRELESS (419) 460-3913 Washington Local Sch	\$20.80	\$1.40	\$0.00	\$0.00	\$1.15	\$0.00	\$22.35
<div>ⓡ</div> PAGING (419) 449-0145 Washington Local	\$6.95	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7.03
<div>ⓡ</div> PAGING (419) 449-0146 Washington Local	\$6.95	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7.03
<div>ⓡ</div> PAGING (419) 449-0147 Washington Local	\$6.95	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7.03
<div>ⓡ</div> PAGING (419) 449-3198 Washington Local	\$6.95	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7.03
<div>ⓡ</div> PAGING (419) 449-5227 Washington Local	\$6.95	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$7.03
TOTAL	\$930.14	\$898.45	\$0.00	\$51.01	\$102.52	\$450.94	\$2,432.05

Please note that applicable surcharges and taxes on roaming are included in the "Roaming Charges" column above. They do not appear in

Jan. 30. 2004 8:42AM WASHINGTON LOCAL SD

419, 111-0004
00002

No. 8470 P. 2

BUCKEYE
TELESYSTEM.

4818 Angola Rd.
Toledo, Ohio 43615

(419) 724-9898
1-888-21FIBER

WASHINGTON LOCAL SCHOOLS

PAGE 1 OF 2

PAYMENTS RECEIVED AFTER JAN 7. ARE NOT INCLUDED

			BILLING DATE	DELINQUENT AFTER
			JAN 8, 2004	JAN 27, 2004
PREVIOUS BALANCE	PREVIOUS PAYMENTS	BALANCE FORWARD	CURRENT CHARGES	AMOUNT DUE
\$8,500.00	\$8,500.00	\$5.00	\$4,250.00	\$4,250.00

THANK YOU FOR BEING A CUSTOMER OF BUCKEYE TELESYSTEM.

2404861

CUSTOMER SUMMARY

BUCKEYE-CAP CURRENT CHARGES

MONTHLY SERVICE FROM JAN 8 THRU FEB 7

4,250.00

OTHER CHARGES/CREDITS

.00

TOTAL AMOUNT DUE PLEASE PAY THIS AMOUNT

\$4,250.00

BUCKEYE
TELESYSTEM.

FOR BILLING INQUIRIES PLEASE CALL 419-724-9898 7:00AM TO 7:00PM
MONDAY THROUGH FRIDAY. THANK YOU.

KEEP THIS PORTION FOR YOUR RECORD

All



20855 STONE OAK PARKWAY
SAN ANTONIO TX 78258

2747

230 8888

STATEMENT SUMMARY

BILL DATE 05/22/03
ACCOUNT NO. 200512199
INVOICE NO. 20051219921
REGION/LOC TXX/A1C
0200512199 N2 X17 C21 A 00216 B

WASHINGTON LOCAL SCHOOL DIST.
3505 W LINCOLN SHIRE BLVD
TOLEDO OH 43606

PREVIOUS BALANCE \$242.52
PAYMENTS RECEIVED THANK YOU 242.52CR
ADJUSTMENTS 0.00

BEGINNING BALANCE \$0.00
NEW USAGE CHARGES 265.14
RECURRING CHARGES 50.05
NON-RECURRING CHARGES 0.00

FEDERAL EXCISE TAX 0.00
STATE AND LOCAL TAXES 0.00
FED. ST & LOCAL SURCHARGES 1.98
FED UNIVERSAL SERVICE FEE 14.65
SERVICE CHARGE 0.00

SUBTOTAL NEW CHARGES \$331.82

Bonny
5/30/03

PLEASE PAY THIS AMOUNT
BY 08/11/03

\$331.82

CUSTOMER SERVICE 1-800-893-5094
CREDIT/COLLECTIONS 1-800-853-4495

Your invoice is printed on recycled paper as part of our commitment to reducing cost and waste, conserving natural resources and promoting a sustainable environment.

Please always check the last page of your invoice for additional important messages. And thank you for using TTI National. We appreciate your business!

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